(NOTE: This report must be clear and legible it may be typed or printed in plue or black link.)

| Filer Identification<br>Number:                                | lumber: File                  |          |                        |          |              |                       | CANDIDATE              | 义   | COMM                | TTEE          | 2.     | LOBI                   | BYIST | 3  |
|--|-------------------------------|----------|------------------------|----------|--------------|-----------------------|------------------------|-----|---------------------|---------------|--------|------------------------|-------|--|
| Name of Filling Comm   | ittee, Candidate or Li        | וציעללכ: | Paux                   | Van      | _            | 5                     | 1-1                    | * / | 1                   |               |        |                        |       |  |
| Street Address U2  | Street Address U2 1) Market 3 |          |                        |          |              |                       |                        |     |                     |               |        |                        |       |  |
| Setule Lem   |                               |          |                        |          |              |                       | State PA               |     | Zip God             | 5 .           | 20     | 13                     |       |  |
| TYPE OF<br>REPORT  | OF THE STATE OF               |          |                        | 1        |              |                       | DAY<br>ST PRIMARY      | 3.  | AMENDN<br>REPORT?   | ENT           | YES    |                        | NO    |  |
| (place X to  | 6TH TUESDAY<br>PRE-ELECTION   | 4,       | 2ND FRIDA<br>PRE-ELECT | 1        |              | 1                     | DAY<br>ST ELECTION     | 5.  | TERMINIA<br>REPORT? |               | YES    | X                      | NO    |  |
| the right of<br>report type)                                   | ANNUAL<br>REPORT              | 7.       | FASY                   | 201      | 9            |                       | NG METHOD<br>CHECK ONE |     | PAPE                | R             |        | DISK                   | ETTE  |  |
| Name of Office Solight by Candidate  Bethole her- City Councid |                               |          |                        |          |              | M                     | D. DAY YE              | FA  | District<br>Number  | Offic<br>Code |        | Party<br>Code<br>TIONS | 5:    | unty<br>de<br>GDES)  |
|  |                               | мо       | . DAY YE               | FA       | Allera Calif | M                     | D. DAY VE              | AR  | F                   | OR OF         | FICE L | JSE O                  | NLY   |  |
| Summary of Re<br>and Expenditure                               |                               | 5        | 11 7-0                 |          | То           | Ę                     |                        |     |                     |               |        |                        |       |  |
| A. Amount Brought  | Forward From La               | st Rep   | ori                    |          | \$           | 1                     | NIA                    |     |                     |               |        |                        |       |  |
| B. Total Monetary (  | Contributions and I           | Receipt  | s (From Sche           | edule I) | ŝ            |                       | 0                      |     |                     |               |        |                        |       | CENTRAL STATE  |
| C. Total Funds Ava   | lable (Sum of Line            | es A a   | nd B)                  |          | \$           |                       |                        |     |                     |               |        |                        |       | 91000  |
| D. Total Expenditures (From Schedule III)                      |                               |          |                        |          | \$           | -3                    | 050.43                 |     |                     |               |        |                        |       | 2000   |
| E. Ending Cash Balarice (Subtract Line D from Line C)          |                               |          |                        |          | Ģ            |                       | 050.43                 |     |                     |               |        |                        |       | 9  |
| F. Value of In-Kind Contributions Received (From Schedule II)  |                               |          |                        | uie (!)  | ş            | STONE OF THE STONE OF | $\bigcirc$             |     |                     |               |        |                        |       | Continue   |
| G. Unpaid Debts and  | d Obligations (Fron           | Sche     | duls IV)               |          | \$           | Viento.               | 0                      |     |                     |               |        |                        |       | Control of the Contro |

| -      | -            |       |     |
|--------|--------------|-------|-----|
| A EEL  | DAVIT        | SECTI | CAS |
| WATER! | 77.3 4 11 11 |       |     |

PART I - If this is a Committee report tressurer size here. If this is a Candidate report condidate size here.

### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

| Filer Identification Number  |      |
|--|------|
|  |      |
| 1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor  |      |
|  |      |
| Total for the reporting period (1)   | \$   |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)   |      |
| Contributions Received from Political Committees (Part A)  | \$   |
| All Other Contributions (Part B)   | \$   |
| Total for the reporting period (2)   | \$   |
| 3. Contributions Over \$250.00 (From Part C and Part D)  |      |
| Contributions Received from Political Committees (Part C)  | \$   |
| All Other Contributions (Part D)   | \$   |
| Total for the reporting period (3)   | \$   |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)  |      |
| Total for the reporting period (4)   | \$ 1 |
| Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B) | \$   |

#### PART A

## **Contributions Received From Political Committees**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

| Filer Identification Number  |                |                                       |          |   |                       |        |  |  |  |  |
|------------------------------|----------------|---------------------------------------|----------|---|-----------------------|--------|--|--|--|--|
|                              |                |                                       | 1000     |   |                       | Amount |  |  |  |  |
| Full Name of Co              | ntributing     |                                       |          |   | Date [MM/DD/YYYY]     | \$     |  |  |  |  |
| Committee                    |                |                                       |          |   |                       |        |  |  |  |  |
| House #                      | Street Address | 1                                     |          |   | Date [MM/DD/YYYY]     | \$     |  |  |  |  |
|                              |                | 3                                     |          |   |                       |        |  |  |  |  |
| City                         |                | State                                 | Zip Code |   | Date [MM/DD/YYYY]     | \$     |  |  |  |  |
| Full Name of Co              | ntributing     | 1                                     |          |   | Date [MM/DD/YYYY]     | \$     |  |  |  |  |
| Committee                    |                | 7                                     |          |   |                       |        |  |  |  |  |
| House #                      | Street Address |                                       | 1        |   | Date [MM/DD/YYYY]     | \$     |  |  |  |  |
|                              |                |                                       |          |   |                       |        |  |  |  |  |
| City                         |                | State                                 | Zip Code |   | Date [MM/DD/YYYY]     | \$     |  |  |  |  |
| Full Name of Co              | ntributing     |                                       | 1        |   | Deter Issas Inn hanns |        |  |  |  |  |
| Committee                    | indibuding     |                                       |          |   | Date [MM/DD/YYYY]     | \$     |  |  |  |  |
| House #                      | Street Address |                                       |          |   | Date [MM/DD/YYYY]     | \$     |  |  |  |  |
|                              |                |                                       |          |   |                       |        |  |  |  |  |
| City                         |                | State                                 | Zip Code |   | Date [MM/DD/YYYY]     | \$     |  |  |  |  |
| -                            |                |                                       |          |   |                       |        |  |  |  |  |
| Full Name of Co<br>Committee | entributing    |                                       |          |   | Tate [MM/DD/YYYY]     | \$     |  |  |  |  |
| House #                      | Street Address |                                       |          |   | Date MM/DD/YYYY]      | \$     |  |  |  |  |
|                              |                |                                       |          |   |                       |        |  |  |  |  |
| City                         |                | State                                 | Zip Code |   | Date [MM, DD/YYYY]    | \$     |  |  |  |  |
|                              |                |                                       |          |   |                       |        |  |  |  |  |
| Full Name of Co<br>Committee | intributing    |                                       |          |   | Date [MM/DD/YYY]      | \$     |  |  |  |  |
| House #                      | Street Address | · · · · · · · · · · · · · · · · · · · |          | • | Date [MM/DD/YYYY)     | \$     |  |  |  |  |
|                              | Street Address |                                       |          |   | Sate (min/ob/ttt)     |        |  |  |  |  |
| City                         |                | State                                 | Zip Code |   | Date [MM/DD/YYYY]     | \$     |  |  |  |  |
| 5.835                        |                | 3                                     |          |   |                       |        |  |  |  |  |
| Full Name of Co<br>Committee | ntributing     |                                       |          |   | Date [MM/DD/YYYY]     | \$     |  |  |  |  |
| House #                      | Street Address |                                       |          |   | Date [MM/DD/YYYY]     | \$     |  |  |  |  |
| City                         |                | State                                 | Zip Code |   | Date [MM/DD/YYYY]     | \$     |  |  |  |  |
|                              |                |                                       |          |   | Pare [mint/pp/1111]   | 7      |  |  |  |  |
|                              |                |                                       |          |   |                       | 1      |  |  |  |  |

#### **PART B**

## **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| Filer Identification Number: |              |       |  |                   |                   |    |  |
|------------------------------|--------------|-------|--|-------------------|-------------------|----|--|
|                              |              |       | STATE OF THE STATE |                   |                   |    | A Security of the second of th |
| Full Name of Contributor     |              |       |  |                   | Date [MM/DD/YYYY] | \$ |  |
| House # Str                  | eet Addres   |       |  | Date [MM/DD/YYYY] | \$                |    |  |
| City                         |              | State | Zip Code   |                   | Date [MM/DD/YYYY] | \$ |  |
| Full Name of Contributor     |              |       |  |                   | Date [MM/DD/YYYY] | \$ |  |
| House # Str                  | reet Address |       |  |                   | Date [MM/DD/YYYY] | \$ |  |
| City                         |              | State | Zip Tode   |                   | Date [MM/DD/YYYY] | \$ |  |
| Full Name of Contributor     |              |       |  |                   | Date [MM/DD/YYYY] | \$ |  |
| House # St                   | reet Address |       |  |                   | Date [MM/DD/YYYY] | \$ |  |
| City                         |              | State | Zip Code   |                   | Date [MM/DD/YYYY] | \$ |  |
| Full Name of Contributor     |              |       |  |                   | Date [MM/DD/YYYY] | \$ |  |
|                              | reet Address |       |  |                   | D te [MM/DD/YYYY] | \$ |  |
| City                         |              | State | Zip Code   |                   | Date [MM/DD/YYYY] | \$ |  |
| Full Name of Contributor     |              |       |  |                   | Date [MM/ D/YYYY] | \$ |  |
| House # Stu                  | reet Address |       |  |                   | Date [MM/DD/YYYY] | \$ |  |
| City                         |              | State | Zip Code   |                   | Date [MM/DD/YYYY] | \$ |  |
| Full Name of Contributor     |              |       |  |                   | Date [MM/DD/YYYY] | 3  |  |
|                              | reet Address |       |  |                   | Date [MM/DD/YYYY] | \$ |  |
| City                         |              | State | Zip Code   |                   | Date [MM/DD/YYYY] | \$ |  |

#### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

| Filer Identification Number            |               |  |            |            |                   |    |  |
|--|---------------|--|------------|------------|-------------------|----|--|
|  | 1             |  |            |            |                   | _  |  |
| Full Name of<br>Contributing Committee | 1             |  |            |            | Date [MM/DD/YYYY] | \$ |  |
| House # St                             | reet Address  | *Neg   |            |            | Date [MM/DD/YYYY] | \$ |  |
| City                                   | St            | tate   | Zip Code   |            | Date [MM/DD/YYYY] | \$ |  |
| Full Name of                           | William House | The state of the s |            |            | Date [MM/DD/YYYY] | \$ |  |
| Contributing Committee                 |               | 8  | day.       |            |                   |    |  |
| House # St                             | reet Address  |  | A. Carrier |            | Date [MM/DD/YYYY] | \$ |  |
| City                                   | St            | tate   | Zip Code   | •          | Date [MM/DD/YYYY] | \$ |  |
| Full Name of                           | 1             |  |            | 24         | Date [MM/DD/YYYY] | \$ |  |
| Contributing Committee                 |               |  |            | To Marie   | Date [MM/DD/1111] | ٦  |  |
| House # St                             | reet Address  |  |            | No. of Lot | Date [MM/DD/YYYY] | \$ |  |
| City                                   | SI            | tate   | Zip Code   | 80.00      | Date [MM/DD/YYYY] | \$ |  |
| Full Name of<br>Contributing Committee |               |  |            |            | Date [MM/DD/YYYY] | \$ |  |
| House # St                             | reet Address  |  |            |            | Date [MM/DD/YYYY] | \$ |  |
| City                                   | Si            | tate   | Zip Code   |            | Date [MM/DD/YYYY] | \$ |  |
| Full Name of                           |               | THE STATE OF THE S |            |            | Date [MM/DD/YVYY] | \$ |  |
| Contributing Committee                 |               |  |            |            | 3                 |    |  |
| House # St                             | reet Address  |  |            |            | Date [MM/DD/YYYY] | \$ |  |
| Cîty                                   | Si            | tate   | Zip Code   |            | Date [MM/DD/YYYY] | \$ |  |
| Full Name of<br>Contributing Committee |               |  |            |            | Date [MM/DD/YYYY] | \$ |  |
| House # St                             | reet Address  | .55.0.00   |            |            | Date [MM/DD/YYYY] | \$ |  |
| City                                   | Si            | tate   | Zip Code   |            | Date [MM/DD/YYYY] | \$ |  |

## PART D

## **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

| Filer Identifica            | tion Number:                        |                 |  |  |  | 400      |                                       |
|-----------------------------|-------------------------------------|-----------------|--|--|--|----------|---------------------------------------|
| - N                         |                                     |                 |  |  | and the second   |          |                                       |
|                             |                                     |                 |  | San San San San  |  | - Annual |                                       |
| Full Name of                | Contributor                         |                 |  |  | Date [MM/D   | D/YYYY]  | \$                                    |
| House #                     | Street Addre                        | 255             | <del></del>  |  | Date [MM/D   | D/YYYY]  | \$                                    |
| City                        |                                     | State           | Zip Code   |  | Date (MM/D   | D/YYYY]  | \$                                    |
| Employer Na                 | ame                                 |                 |  |  | Occupation   |          |                                       |
|                             | ailing Address /<br>ce of Business  | 1               |  |  |  |          |                                       |
| Full Name of                | f Contributor                       |                 | And the state of t |  | Date [MM/D   | D/YYYY]  | \$                                    |
| House #                     | Street Addre                        | <del>2</del> 55 | To de la constitución de la cons |  | Date [MM/D   | D/YYYY]  | \$                                    |
| City                        |                                     | State           | Zip Code   |  | Date [MM/D   | D/YYYY]  | \$                                    |
| Employer Na                 | ame                                 |                 |  | Jan 19 19 19 19 19 19 19 19 19 19 19 19 19   | Occupation   |          |                                       |
| Employer M<br>Principal Pla | ailing Address /<br>ce of Business  |                 |  | E HARDE  |  |          |                                       |
| Full Name of                | f Contributor                       |                 |  | The state of the s | Date [MM/D   | D/YYYY]  | \$                                    |
| House #                     | Street Addre                        | ess             |  |  | Date [MM/D   | D/YYYY]  | \$                                    |
| City                        |                                     | State           | Zip Code   | +  | Date [MM/D   | D/YYYY]  | \$                                    |
| Employer Na                 | ame                                 |                 |  |  | Occupation   |          | · · · · · · · · · · · · · · · · · · · |
|                             | ailing Address /<br>ce of Business  |                 |  |  | The state of the s | · ·      |                                       |
| Full Name o                 | f Contributor                       | 1               |  |  | Date [MM/D   | DYWYY    | \$                                    |
| House #                     | Street Addre                        | ess             |  |  | Date [MM/D   | D/YYYY)  | \$                                    |
| City                        |                                     | State           | Zip Code   |  | Date [MM/D   | D/YYYY]  | 6                                     |
| Employer Na                 | ame                                 |                 |  |  | Occupation   |          |                                       |
|                             | ailing Address /<br>ace of Business |                 |  |  |  |          |                                       |
| (M) en exces                |                                     |                 |  |  |  |          |                                       |

#### PART E

## **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

|                              |  | au, returned the the   | phot expenditures that were returned to the mer |
|------------------------------|--|--|---|
| Filer Identification Number: |  |  |   |
|                              |  |  |   |
|                              |  |  |   |
| Full Name                    |  |  |   |
| House # Stre                 | et Address   |  | 1997777   |
| nouse #                      | et Address   |  |   |
| City                         | State  | Zip  | Date [MM/DD/YYYY]   \$                          |
|                              |  | Code   |   |
|                              |  |  |   |
| Receipt Description          |  |  |   |
| Full Name                    | 7  | AND THE PERSON OF THE PERSON O |   |
| ruli Maille                  | The state of the s |  |   |
| House # Stre                 | et Address   |  |   |
|                              | 9  |  |   |
| City                         | State  | Zip  | Date [MM/DD/YYYY] \$                            |
|                              |  | Code   |   |
| Receipt Description          | 1  |  |   |
|                              |  |  |   |
| Full Name                    |  | 1  |   |
| House # Stre                 |  | <del></del>  |   |
| nouse # Stre                 | et Address   | 1  |   |
| City                         | State  | <b>Zip</b>   | Date [MM/DD/YYYY] \$                            |
|                              |  | Zip<br>Code  |   |
|                              |  |  |   |
| Receipt Description          |  | 1  |   |
|                              |  | 1  |   |
| Full Name                    |  | 1  |   |
| House # Stre                 | et Address   |  | <u></u>   |
| July 346                     | et Addiess   |  | 1   |
| City                         | State  | Zip  | Date [MM/DD/YYYY] \$                            |
|                              |  | Code   |   |
| Receipt Description          |  |  |   |
|                              |  |  | 1   |
| Full Name                    | 1100-210-31  |  |   |
|                              | l  |  |   |
| House # Stre                 | eet Address  |  |   |
| City                         | State  | Zip  | Date [MM/DD/YYYY]   \$                          |
| 1,                           | Jace   | Code   | Sace faunt polititil 3                          |
|                              |  |  |   |
| Receipt Description          |  |  |   |
| E WAL                        |  |  |   |
| Full Name                    |  |  |   |
| House # Stre                 | et Address   |  |   |
|                              | 300  |  |   |
| City                         | State  | Zip  | Date [MM/DD/YYYY] \$                            |
|                              |  | Code   |   |
| Receipt Description          |  |  |   |
|                              |  |  |   |
|                              |  |  |   |

#### **SCHEDULE IV**

## **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

| Ver Identification Number:            | T           |       |                                 | and of the reporting period. |
|---------------------------------------|-------------|-------|---------------------------------|------------------------------|
|                                       |             |       |                                 |                              |
| Non- of Califfran                     |             |       |                                 |                              |
| Name of Creditor                      |             |       |                                 | Outstanding Balance of Debt  |
| House # Str                           | eet Address |       | DATE DEBT INCURRED [MM/DD/YYYY] | \$                           |
| City                                  |             | State | Zip<br>Code                     |                              |
| Description of Debt                   |             |       |                                 |                              |
| Name of Creditor                      |             |       |                                 | Outstanding Balance of Debt  |
| House # Str                           | eet Address |       | DATE DEBT INCURRED [MM/DD/YYYY] | \$                           |
| City                                  |             | State | Zip<br>Code                     |                              |
| Description of Debt                   |             |       |                                 |                              |
| Name of Creditor                      |             | 1     |                                 | Outstanding Balance of Debt  |
| House # Str                           | eet Address | 1     | DATE DEBT INCURRED [MM/DD/YYYY] | \$                           |
| City                                  |             | State | Zip<br>Code                     |                              |
| Description of Debt                   |             |       | 1                               |                              |
| Name of Creditor                      |             |       | 1                               | Outstanding Balance of Debt  |
| House # Str                           | eet Address |       | DATE DEBTINCURRED [MM/DD/XYYY]  | \$                           |
| City                                  |             | State | Zip<br>Code                     |                              |
| Description of Debt                   |             |       | 1                               |                              |
| Name of Creditor                      |             |       |                                 | Outstanding Balance of Debt  |
| House # Str                           | eet Address |       | DATE DEBT INCURRED [MM/DD/YYYY] | 5                            |
|                                       | T           | State | Zip<br>Code                     |                              |
| City                                  |             |       | Code                            | 1                            |
| City  Description of Debt             |             |       | code                            | 1                            |
|                                       |             |       | Coue                            | Outstanding Balance of Debt  |
| Description of Debt  Name of Creditor | eet Address |       | DATE DEBT INCURRED [MM/DD/YYYY] | Outstanding Balance of Debt  |
| Description of Debt  Name of Creditor | eet Address | State | DATE DEBT INCURRED              | 4                            |

# Statement of Expenditures

| Filer Identification Number: |  |
|------------------------------|--|
|                              |  |
|                              |  |

| T- 24/     | hom Paid   | and the same of th |            | the said of the said |             |                            |                              | THE RES |
|------------|------------|--|------------|----------------------|-------------|----------------------------|------------------------------|---------|
| 10 44      | nom ratu   | Xpressdocs   |            |                      |             |                            | Date [MM/DD/YYYY] \$ 2915.43 |         |
|            |            |  |            |                      |             |                            |                              |         |
| House      | e#         | Street Address 49  | 01 North B | each Street          |             |                            | Description of Expenditure   | and the |
| City       | Fort Worth |  | State      | тх                   | Zip<br>Code | 76137                      | Mailer                       |         |
| To W       | hom Pald   | ML Design  |            |                      |             |                            | Date [MM/DD/YYYY]   \$       |         |
|            |            | WIL Design   |            |                      |             |                            | 135.00                       |         |
| House      | #          | Street Address   | Westbrook  | n d                  |             |                            | Description of Expenditure   |         |
|            |            | 2  | westbrook  | Koaa                 |             |                            |                              |         |
| City       | Newton     |  | State      | NJ                   | Zip<br>Code |                            | Mailer design                |         |
| To W       | nom Paid   |  |            |                      |             |                            | Date [MM/DD/YYYY] \$         |         |
|            |            |  |            |                      |             |                            |                              |         |
| House      | #          | Street Address   |            |                      |             | Description of Expenditure |                              |         |
| City       |            |  | State      |                      | Zip         |                            |                              |         |
|            |            |  |            |                      | Code        |                            |                              |         |
| To W       | hom Paid   |  |            |                      |             | P                          | Date [MM/DD/YYYY] \$         |         |
|            |            |  |            |                      |             |                            |                              |         |
| House      | #          | Street Address   |            |                      |             |                            | Description of Expenditure   |         |
| City       | Γ'         |  | State      |                      | Zip         |                            |                              |         |
|            |            | remarka wa wa wa ma  |            |                      | Code        |                            |                              |         |
| To W       | nom Paid   |  |            | - West 2 (6) 100     |             |                            | Date [MM/DD/YYYY] \$         |         |
|            |            |  |            |                      |             |                            |                              |         |
| House      | *          | Street Address   |            |                      |             |                            | Description of Expenditure   |         |
| City       | <u> </u>   |  | State      |                      | Zip         |                            |                              |         |
|            |            |  |            |                      | Code        |                            |                              |         |
| To W       | nom Paid   |  |            |                      | -           |                            | Date [MM/DD/YYYY] \$         |         |
|            |            |  |            |                      |             |                            |                              |         |
| House      | #          | Street Address   |            |                      |             |                            | Description of Expenditure   |         |
| City       | 1          |  | State      |                      | Zip         | T                          |                              |         |
|            |            |  |            |                      | Code        |                            |                              |         |
| To W       | nom Paid   |  |            |                      |             |                            | Date [MM/DD/YYYY] \$         |         |
| House      | 2#         | Street Address   |            |                      |             |                            | Description of Expenditure   |         |
| City       |            |  | State      |                      | Zip         |                            |                              |         |
| Town       | hom Daid   |  |            |                      | Cone        |                            | Date (SASS /DD /sprent ) A   |         |
|            |            |  |            |                      |             |                            | Date [MM/DD/TYYY] \$         |         |
| House      | #          | Street Address   |            | //                   |             |                            | Description of Expenditure   |         |
| City       |            | <u> </u>   | State      |                      | Zip<br>Code |                            |                              | -       |
| City To Wi | hom Paid   |  |            |                      | Code        |                            | Date [MM/DD/YYYY] \$         |         |

### SCHEDULE II

Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

| Filer Identif          | fication Number:           |                                       |           |           |     |                                   |               |          |
|------------------------|----------------------------|---------------------------------------|-----------|-----------|-----|-----------------------------------|---------------|----------|
|                        | 1                          |                                       |           |           |     |                                   |               |          |
| Full Name              | of Contributor             |                                       |           |           |     | Date [MM/DD/                      | YYYY]         | \$       |
| House #                | Stre                       | et Address                            | il.       |           |     | Date [MM/DD/                      | YYYY]         | \$       |
| City                   |                            |                                       | State     | Zip Code  |     | Date [MM/DD/                      | <b>YYYY</b> ] | \$       |
| Employer               | Name                       |                                       | 1.3       | 100       |     | Occupation                        |               |          |
| Employer<br>Place of B | Mailing Address usiness    | / Principal                           |           | 1         |     | Description<br>of<br>Contribution |               |          |
| Full Name              | of Contributor             |                                       |           |           |     | Date [MM/DD/                      | <b>YYYY</b> ] | \$       |
| House #                | Stree                      | et Address                            |           |           | · · | Date [MM/DD/                      | <b>YYYY</b> ] | \$       |
| City                   |                            | · · · · · · · · · · · · · · · · · · · | State     | Zip Code  | 100 | Date [MM/DD/                      | YYYY]         | \$       |
| Employer               | Name                       |                                       |           |           | 11  | Occupation                        |               | <u> </u> |
| Employer<br>Place of B | Mailing Address<br>usiness | / Principal                           |           |           | 14  | Description<br>of<br>Contribution |               |          |
| Full Name              | of Contributor             |                                       |           | 0.000 and |     | Date [MM/DD/                      | YYYY]         | \$       |
| House #                | Stree                      | et Address                            |           |           |     | Date MM/DD/                       | YYYY]         | \$       |
| City                   | <u>_</u>                   |                                       | State     | Zip Code  |     | Date [MM/QD/                      | <b>YYYY]</b>  | \$       |
| Employer               | Name                       |                                       |           |           |     | Occupation                        |               | .11      |
| Employer<br>Place of B | Mailing Address<br>usiness | / Principal                           |           |           |     | Description<br>of<br>Contribution | 11            |          |
| Full Name              | of Contributor             |                                       | 10 10W-11 |           |     | Date [MM/DD/                      | <b>YYYY</b> ] | \$       |
| House #                | Stree                      | et Address                            |           |           |     | Date [MM/DD/                      |               | 5        |
| City                   |                            |                                       | State     | Zip Code  |     | Date (MM/DD/                      | YYYY]         | \$       |
| Employer               |                            | 7=: : :                               |           |           |     | Occupation                        |               |          |
| Employer<br>Place of B | Mailing Address<br>usiness | / Principal                           |           |           |     | Description<br>of<br>Contribution |               | 1        |

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

| Filer Identification number: |                |       |  |  |                   |    |  |
|------------------------------|----------------|-------|--|--|-------------------|----|--|
|                              |                |       |  |  |                   |    |  |
| Full Name of Cont            | ributor        |       |  |  | Date [MM/DD/YYYY] | \$ |  |
| House #                      | Street Address |       |  |  | Date [MM/DD/YYYY] | \$ |  |
| City                         |                | State | Zip Code   |  | Date [MM/DD/YYYY] | \$ |  |
| Description of Contribution  |                |       |  |  |                   |    |  |
| Full Name of Cont            | ributor        | 1     |  |  | Date [MM/DD/YYYY] | \$ |  |
| House #                      | Street Address |       | The state of the s |  | Date [MM/DD/YYYY] | \$ |  |
| City                         |                | State | Zip Code   | 3  | Date [MM/DD/YYYY] | \$ |  |
| Description of Contribution  |                |       |  |  |                   |    |  |
| Full Name of Cont            | ributor        | x     |  | The state of the s | Date [MM/DD/YYYY] | \$ |  |
| House #                      | Street Address |       |  | The state of the s | Date [MM/DD/YYYY] | \$ |  |
| City                         |                | State | Zip Code   |  | Pate [MM/DD/YYYY] | \$ |  |
| Description of Contribution  |                |       |  |  |                   |    |  |
| Full Name of Cont            | ributor        |       |  |  | Date [MM/DD/YYYY] | \$ |  |
| House #                      | Street Address |       |  |  | Date [MM/DD/YYYY] | \$ |  |
| City                         |                | State | Zip Code   |  | Date [MM/DD/YYYY] | \$ |  |
| Description of Contribution  |                |       |  |  |                   |    |  |
| Full Name of Cont            | ributor        |       | Sieconomico -  |  | Date [MM/DD/YYYY] | 5  |  |
| House #                      | Street Address |       |  |  | Date [MM/DD/YYYY] | 5  |  |
| City                         |                | State | Zip Code   |  | Date [MM/DD/YYYY] | \$ |  |
| Description of Contribution  |                |       |  |  |                   |    |  |

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

| DETAILED SUN  | MMARY PAGE   |
|---|--|
| Filer Identification Number:  |  |
|   |  |
|   |  |
| UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.  | 00 OR LESS PER CONTRIBUTOR   |
| TOTAL for the reporting period (1)  | \$   |
|   |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.0   | 0 (FROM PART F)  |
| TOTAL for the reporting period (2)  | \$   |
|   |  |
| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 FROM   | PART G)  |
| TOTAL for the reporting period (3)  | \$   |
| <u> </u>  |  |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter | \$   |
| on Page 1, Report Cover Page, Item F)   |  |
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